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## BIB DATA SHEET

CONFIRMATION NO. 9565

<b>SERIAL NUMBER</b> 09/941,682	<b>FILING or 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 47777-0009		
<b>APPLICANTS</b> Christian Mayaud, New Canaan, CT; <b>** CONTINUING DATA *****</b> This application is a CON of 09/201,107 11/30/1998 PAT 7,072,840 which is a CON of 08/330,939 10/28/1994 PAT 5,737,539 * (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/20/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RACHEL L PORTER/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance RP Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ROBERT M. SCHWARTZ, P.A. P.O. BOX 221470 HOLLYWOOD, FL 33022 UNITED STATES						
<b>TITLE</b> PRESCRIPTION MANAGEMENT SYSTEM						
<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		